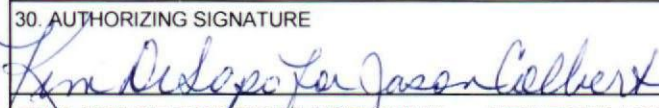


WELL POTENTIAL TEST REPORT (WPT)

1. <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> CORRECTION	4. LEASE NO. G34909	3. WELL NO. SS002ST01	2. API NO. (with Completion Code) 608174134301S01	11. OPERATOR NAME and ADDRESS (Submitting Office) Beacon Growthco Operating Company, L.L.C. 1001 Ochsner Blvd., Suite 100 Covington, LA 70433	
8. FIELD NAME MC 794	5. AREA NAME MC	6. BLOCK NO. 794	50. RESERVOIR NAME Disc 12 Upper		
88. TYPE OF REQUEST <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> RECOMPLETION <input type="checkbox"/> REWORK <input type="checkbox"/> RECLASSIFICATION <input type="checkbox"/> REESTABLISH	89. ATTACHMENTS PER §§ 250.1151(a) and 250.1167 <input checked="" type="checkbox"/> LOG SECTION <input checked="" type="checkbox"/> RESERVOIR STRUCTURE MAP <input type="checkbox"/> OTHER _____	7. OPD NO. NH16-10	10. BSEE OPERATOR NO. 03567	43. DATE OF FIRST PRODUCTION 12/16/2018	
		9. UNIT NO.	90. RESERVOIR CLASSIFICATION <input type="checkbox"/> SENSITIVE <input checked="" type="checkbox"/> NONSENSITIVE		
WELL TEST					
92. DATE of TEST 12/25/2018	93. PRODUCTION METHOD Flowing	94. TYPE OF WELL <input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS	95. HOURS TESTED 24	96. CHOKE SIZE (Test) 37	97. PRETEST TIME 24
98. CHOKE SIZE (Pretest) 37	99. SHUT-IN WELLHEAD PRESSURE (Gas wells only)	100. FLOWING TUBING PRESSURE 9,652		101. STATIC BHP (Omit on Public Info. Copy)	
102. LINE PRESSURE (Gas wells only)		103. TOP PERFORATED INTERVAL (md) 21,270'		104. BOTTOM PERFORATED INTERVAL (md) 21,346	
TEST PRODUCTION - 24 HOUR RATES					
105. OIL (BOPD) 3,500	106. GAS (MCFPD) 4,040	107. WATER (BWPD) 52	108. API @ 14.73 PSI & 60° F 27.9	109. SP GR GAS @ 14.73 PSI & 60° F 0.6	
115. OTHER ACTIVE COMPLETIONS IN RESERVOIR (Continue in Remarks or attach an additional sheet if necessary.)					
LEASE NO.	WELL NAME	API WELL NO.	LEASE NO.	WELL NAME	API WELL NO.
1.			5.		
2.			6.		
3.			7.		
4.			8.		
91. REQUESTED MAXIMUM PRODUCTION RATE (MPR) (Required only for Pacific and Alaska OCS Regions)					
26. CONTACT NAME Kim DeSopo			27. CONTACT TELEPHONE NO. 985-801-4728	32. CONTACT E-MAIL ADDRESS kim.desopo@llog.com	
28. AUTHORIZING OFFICIAL (Type or print name) Jason Colbert			29. TITLE Reservoir Engineer		
30. AUTHORIZING SIGNATURE 			31. DATE 1-23-2019		
THIS SPACE FOR BSEE USE ONLY REQUESTED MPR <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED (Pacific and Alaska OCS Regions)					
BSEE AUTHORIZING OFFICIAL				EFFECTIVE DATE	

WELL POTENTIAL TEST REPORT (WPT)

116. REMARKS

Gulf of Mexico OCS Region
Resource Conservation Section

CERTIFICATION: I certify that the information submitted is complete and accurate to the best of my knowledge. I understand that making a false statement may subject me to the criminal penalties of 18 U.S.C. 1001.

Name and Title: _____ Date: _____

PAPERWORK REDUCTION ACT STATEMENT: The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*) requires us to inform you that this information is collected to implement the various environmental provisions of the OCS Lands Act. We use the information to determine well, lease, and field producing capability and serves as the basis for approving maximum production rates for certain oil and gas completions. Responses are mandatory (43 U.S.C. 1334). Proprietary data are covered under 30 CFR 250.197. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. Public reporting burden of this form is estimated to average 3 hours per response, including the time the geologists need to prepare the map, time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of the this form to the Information Collection Clearance Officer, Bureau of Safety and Environmental Enforcement, 381 Elden Street, Herndon, VA 20170.